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TRANSMITTAL **FORM**

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Total Number of Pages in This Submission

Application Number	10/007,335				
Filing Date	November 8, 2001				
First Named Inventor	Yifei Yao				
Art Unit	2875				
Examiner Name	Sember, Thomas M.				
Attorney Docket Number	59374.00001				

ENCLOSURES (check all that apply)								
Fee Transmittal Form (in duplicate)		☐ Drawing(s)		After Allowance Communication to Group				
Fee Attached		Licensing-relate	d Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment and Response		Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to Conv Provisional App		Proprietary Information				
☐ with RCE		Power of Attorne Change of Corre	ey, Revocation espondence Address	Request for Status of Application				
Extension of Time Request (in duplicate)		☐ Terminal Disclai	mer ·	Other Enclosure(s) (please identify below):				
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☐ Information Disclosure Statement								
Certified Copy of Priority Document(s)		Remarks		,				
Response to Missing Parts/ Incomplete Application			· ·					
Response to Missing Parts under 37 CFR 1.52 or 1.53		·						
	SIGNA	TURE OF APPLICA	ANT, ATTORNEY, OF	RAGENT				
Firm or Individual name	Aaron Wininger, Reg Squire, Sanders & De 600 Hansen Way Palo Alto, CA 94304	empsey L.L.P.						
Signature		6-	~					
Date	June 10, 2004		7					
CERTIFICATE OF MAILING								

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Aaron Wininger Typed or printed name Date June 10, 2004 Signature

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FEE TRANSMITTAL for FY 2004

**or number previously paid, if greater, For Reissues, see above

Complete if Known 10/007,335 Application Number November 8, 2001 Filing Date First Named Inventor Yifei Yao **Examiner Name** Sember, Thomas M. Art Unit 2875

Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT 59374.00001 440 Attorney Docket No. FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES ☐ Credit card ☐ Money ☐ Other ☐ None ☐ Check Order Large Entity Small Entity ☑ Deposit Account: Fee Paid Fee Description Code Code (\$) (2) Deposit 05-0150 1051 130 2051 65 Surcharge - late filing fee or oath Account Number 1052 2052 Surcharge - late provisional filing fee 25 50 or cover sheet. Deposit 1053 130 1053 130 Non-English specification Account Squire, Sanders & Dempsey L.L.P. 1812 2,520 1812 For filing a request for reexamination 2,520 Name 1804 920* 1804 920* Requesting publication of SIR prior to The Director is authorized to: (check all that apply) Examiner action □ Charge fee(s) indicated below □ Credit any overpayments 1805 1.840 1805 1.840* Requesting publication of SIR after □ Charge any additional fee(s) during the pendency of this application Examiner action ☐ Charge fee(s) indicated below, except for the filing fee 55 1251 110 2251 55 Extension for reply within first month to the above-identified deposit account. 1252 2252 210 Extension for reply within second 420 **FEE CALCULATION** Extension for reply within third month 1253 950 2253 475 BASIC, FILING FEE 1. 1254 1,480 2254 740 Extension for reply within fourth Large Entity Small Entity month Fee Description Fee 1255 2,010 2255 Extension for reply within fifth month 1,005 Code Code Fee Paid (\$) (\$) 1401 330 2401 165 Notice of Appeal 1001 770 2001 385 Utility filing fee 2402 330 1402 165 Filing a brief in support of an appeal 1002 2002 170 340 Design filing fee 1403 290 2403 145 Request for oral hearing 1003 530 2003 265 Plant filing fee Petition to institute a public use 1004 770 2004 385 Reissue filing fee 1451 1451 1,510 1,510 1005 160 2005 80 Provisional filling fee 1452 110 2452 55 Petition to revive - unavoidable 1453 1.330 2453 665 Petition to revive - unintentional SUBTOTAL (1) (\$) 0 Utility issue fee (or reissue) 2501 665 1501 1,330 2 EVIDACI AIM EEES COD HITH ITV AND DEISSHE

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1201	86	2201	43	Independer	Independent claims in excess of 3						examined (37 CFR § 1.129(b))	
1203	290	2203	145	Multiple de	pendent claim	if not paid	1801	770	2801	385	Request for Continued Examination (RCE)	385
1204	86	2204	43		** Reissue independent claims over original patent			900	1802	900	Request for expedited examination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		of a design application Other fee (specify)										
			SUI	BTOTAL (2)	(\$) 0		Other	ee (speci	· y /	•		

SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Aaron Wininger	Registration No. (Attorney/Agent)	45,229	Telephone	650.856.6500	
Signature		(~ v		Date	June 10, 2004	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 440

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